

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Mo</u>	
c. LENGTH OF STAY (In this place)		0161	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 Farmington</u>		d. STREET ADDRESS (If rural, give location) <u>119 Farmington</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Preston</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 21 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 3 - 1892</u>	9. AGE (In years last birthday) <u>62</u>	10. IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A.</u>					

13a. FATHER'S NAME <u>Chas. White</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Julia Margaret Davis</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>250-03-098</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Davis</u>	ADDRESS <u>Jackson Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal Hemorrhage</u>		<u>10 hours</u>
	DUE TO (c) <u>Metastatic Carcinoma</u>		<u>Approx. 6 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Muscle Atrophy Left Hand due to burn</u> <u>Carcinoma of Pancreas &amp; Liver</u>		<u>7 mo.</u> <u>5 years +</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 13, 1954, to Feb. 21, 1955, that I last saw the deceased alive on Feb. 21, 1955, and that death occurred at 3:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Dickerson D.O.</u>	23b. ADDRESS <u>1042 Washington, Jackson Mo.</u>	23c. DATE SIGNED <u>2/21/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Feb. 22 - 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-22-55</u>	REGISTRAR'S SIGNATURE <u>By Paul H. Selzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Denette-Heard</u>	ADDRESS <u>Jackson Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

161

JAN 17 1963  
MAY 20 1959

MAR 23 1963

VS  
APR 22 1960

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*R. O. Laird*

Licensed Embalmer No. *45-38*

P. O. Address *Jackson, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.